VOLUME 5 NUMBER 1
NOVEMBER 2007

DISTRICT OF COLUMBIA NURSE

REGULATION EDUCATION PRACTICE

DC Department of Health
Government of the District of Columbia
Adrian M. Fenty, Mayor

Nursing Careers with the D.C. Department of Health

Career Transitions: From Charge Nurse to Nurse Business-Owner

CE BROKER: Track your CE record online!

OFFICIAL PUBLICATION of the **DISTRICT OF COLUMBIA BOARD OF NURSING**

DISTRICT of COLUMBIA NURSE

Edition 17

OFFICE LOCATION TELEPHONE NUMBERS

DC Board of Nursing
Suite 600
717 14th Street, NW
Washington, DC 20005
Email: hpla.doh@dc.gov
Phone: 877.244.1689
Fax: 202.727.8471
Website: www.hpla.doh.dc.gov

OFFICE HOURS

Monday thru Friday:
8:15 am–4:45 pm

Cover photo: From top step (l. to r.) – Healthy Start Project Director Diane Davis with community health nurses Maria Alleyne, Loretta Tucker-Thompson, Felicia Ward-Dockery, Akhtar Mirshahi, Ava Hancock, Shirley McCants, LaJuan Gorham Dolman, Kimberly Baber-Greenwood and Andrea Malcolm. Photo credit: Nancy Kofie

Created by
Publishing Concepts, Inc.
Virginia Robertson, President
vrobertson@pcipublishing.com
14109 Taylor Loop Road • Little Rock, AR 72223
501.221.9986 or 800.561.4686
www.pcipublishing.com
For advertising information contact:
Tom Kennedy at
800.561.4686 or 501.221.9986
tkennedy@pcipublishing.com
www.thinkaboutitnursing.com

contents

Circulation includes over 22,000 licensed nurses and nursing home administrators in the District of Columbia

Feel free to email your "Letters to the Editor" for our quarterly column: *IN THE KNOW: Your opinion on the issues, and our answers to your questions.* Email your letters to hpla.doh@dc.gov (Lengthy letters may be excerpted.)

Message from the Chairperson

Protecting the Public from Incompetent Practice

The Problem

The issue of nurses with practice or behavioral issues is always a difficult one, but it is an issue that the District of Columbia Board of Nursing is required to address. Every year, an undetermined number of nurses in the District of Columbia are released or fired for practice or behavioral reasons. Most of these incidences are not reported to the Board of Nursing. Consequently, these dismissed nurses simply apply for positions at other healthcare facilities and are again found to have practice or behavior issues.

Practice or behavioral issues of concern to the Board are those issues that can impact the safety and welfare of patients. Issues of clinical incompetence, patient abuse, substance abuse and diversion and performance of acts outside of one's legal scope of practice are examples of practice and behavioral concerns. Moreover, as nurses, we can all imagine if we've not actually experienced the pernicious effects on the work environment when there are serious concerns about the competence or harmful behaviors of a colleague.

Currently, nurses with practice or behavioral issues float from facility to facility or from staffing agency to staffing agency, without being traced or tracked. This is the situation that the Board of Nursing is now attempting to stop and I know you'll understand why when you read the case that follows.

Worst Case Scenario: Charles Cullen

In December of 2003, the New York Times published the following: "The nurse at the center of an investigation of an unexplained death at a Somerset County, NJ, hospital worked at five other hospitals in New Jersey and Pennsylvania in the last dozen years, and was either fired or forced to resign from three of them for incompetence or questions about his handling of potentially lethal drugs… Yet no complaints about the work of the registered nurse, Charles Cullen, 43, were reported to medical licensing boards…"

Charles Cullen practiced nursing for 16 years. He worked at nine hospitals and a nursing home. The average length of his employment at these institutions was about one to two years. He was forced out of six facilities. Concerns about his practice were never forwarded to subsequent employers or the NJ Board of Nursing. Cullen later claimed to have ended the lives of up to 40 patients. After his trial, Cullen received a sentence of 11 consecutive life terms.

In the District

As the Board of Nursing for the District of Columbia, our first and foremost responsibility is to protect the public. We cannot do it alone, however. We need your help. We need to keep the lines of communication open between the Board, nurses, administrators, staffing agencies and the public. If you don't let us know about nurses with practice or behavioral issues or nurses who should no longer be licensed to practice, we will not be able to take action. Equipped with information provided by employers, professional nurses and the public, the Board will be able to:

- examine accusations of nursing incompetence
- determine if there is evidence of incompetent practice and determine the appropriate disciplinary action, alternative plan (such as the Committee on Impaired Nurses).

Nurse Staffing Agencies

New regulations for Nurse Staffing Agencies which operate in the District go into effect on January 31, 2008. Staffing agencies will be required to inform the Board of Nursing when an agency Nurse has been fired from a temporary assignment for practice issues.

Health Care Facilities

Currently, D.C. regulations for hospitals require that administrators inform us when a nurse is dismissed for practice issues. Many administrators are unaware of this requirement and therefore, this information is often not provided to the public or the Board of Nursing. This lack of information and inactivity does not serve the best interest of the citizens of the District of Columbia.

We are requesting and imploring healthcare facilities to report to the Board when a nurse is fired for misconduct (incompetent practice, patient abuse or theft of controlled substances, etc.).

Uphold our Tradition of Excellence

Every nurse should be able to work in an environment free from individuals who lack the skills or ethical standards needed to practice nursing. Please help us protect the public and promote a high standard of care in the District. As you know, nursing is often named, in opinion polls, as one of the most trusted and ethical professions. It is up to us to continue to warrant that trust and to maintain the tradition of quality care that the public has come to expect.

JoAnne Joyner, Ph.D., APRN, BC
Chairperson
D.C. Board of Nursing

References:
"Nurse Facing Inquiry Was Forced Out at 3 Hospitals," New York Times (12/13/03)
"Nurse Accused of Slaying Patient Reportedly Admitted 30 Killings," New York Times (12/16/03)
"N.J.'killer nurse' gets 11 life terms," USATODAY, The Associated Press (3/2/06)

Facilities are Required By Law to Report Misconduct

From Title 44: §44–508 **Reporting to licensing authority.**

(a) Except as provided in subsection (b) of this section, in the event that a health professional's: (1) clinical privileges are reduced, suspended, revoked, or not renewed; or (2) employment or staff membership is involuntarily terminated or restricted for reasons of, or voluntarily terminated or restricted while involuntary action is being contemplated for reasons of, professional incompetence, mental or physical impairment, or unprofessional or unethical conduct, a facility or agency shall submit a written report detailing the facts of the case to the duly constituted governmental board, commission, or other authority, if one exists, responsible for licensing that health professional.

(b) The reporting requirement in subsection (a) of this section shall not apply to a temporary suspension or relinquishment of privileges or responsibilities if a health professional enters and successfully completes a prescribed program of education or rehabilitation. As soon as there exists no reasonable expectation that he or she will enter and successfully complete such a prescribed program, the facility or agency shall submit a report forthwith pursuant to subsection (a) of this section.

Notes from the Desk of the Executive Director

I would like to welcome Nancy Kofie to the staff of Health Regulation and Licensing Administration. Nancy is the Managing Editor of D.C. NURSE: REP. Nancy has worked as editor for a number of years on a part-time basis, but is now on staff. In addition to D.C. NURSE, Nancy will be responsible for writing and editing newsletters for several of HPLA's other boards.

As Executive Director, the most consistent comment I receive from nurses is that they look forward to receiving and enjoy reading our publication. With Nancy on board, we plan to make it even better.

Finally, you may have noticed that the last few issues have focused on nurses working in non-traditional settings. If you are interested in having your setting highlighted, please contact us at hpla.doh@dc.gov.

Karen Scipio-Skinner

Nurses: You can make the difference…

If you or a nurse that you work with is impaired due to substance abuse or mental illness, contact the Committee on Impaired Nurses.

COIN was established for nurses with impaired practice due to substance abuse or mental illness, and serves as an alternative to disciplinary action. For referrals to COIN or to have COIN members come to your facility to do a presentation to your staff, contact us. Referrals to COIN are confidential.

CONTACT INFORMATION
e-mail: hpla.doh@dc.gov

fax: 202.727.8471

phone: 202.724.8870

mail: D.C. Board of Nursing
717 14th Street, NW
Suite 600
Washington, D.C. 20005

Welcome New Board Member Reverend Mary Ivey

The D.C. BON welcomes our newest Consumer Board Member—the Reverend Mary Edith Ivey, D.Min. Originally from Oklahoma, Rev. Ivey is a District resident who has served her community as an educator, government manager, and minister.

Before retiring from D.C. government service in 1994, Rev. Ivey served in D.C. government in many capacities: as the Director of Program Evaluations for the Model Cities Program in the 1970s; then as Chief of Mental Health Planning for the District; and finally as the Chief of Long Range Planning for the District. Prior to moving to D.C., Rev. Ivey worked in the Oklahoma and Missouri public school systems as a teacher and assistant principal.

In the 2000s, Rev. Ivey answered the call to serve through spiritually-based endeavors. Rev. Ivey has her own church—the non-denominational Church of God's Love. She is also the founder, President and CEO of Maine Avenue Ministries, which ties together the following subsidiary efforts: the World of Spiritual Service Leadership Scholarship Awards Program; The Institute for Spirituality, Education, and Health and Community Fellowship; the LOVE program (Let's Overcome Violence Everywhere); and the Long Term Advocacy Program.

Reverend Ivey earned her BA degree from the College of Oklahoma, attended graduate school at the University of Missouri, and earned her MA in education from the University of Oklahoma. She has also earned her Master's of Divinity degree from Wesley Theological Seminary in Washington, and a Ph.D. in Divinity from Howard University.

Source: www.thehistorymakers.com

Board Member Ottamissiah "Missy" Moore, Board Chair JoAnne Joyner, Board Member Kevin Mallinson with DC BON Executive Director Karen Scipio-Skinner at NCSBN conference.

D.C. Board Members at NCSBN Conference

NCSBN's Annual Meeting and Delegate Assembly was held August 7-10, in Chicago. Delegates elected new Board members, adopted strategic initiatives for NCSBN through 2010, and discussed how to use regulation to ensure excellence in nursing practice.

Dr. JoAnne Joyner, Chairperson of the Board of Nursing, accepted a plaque from NCSBN in recognition of the D.C. BON's 100th Anniversary.

Select executive officers were recognized at the meeting, including the D.C. Board's Executive Director Karen Scipio-Skinner, who received a Five Year Service Award.

LPN Board Member Ottamissiah "Missy" Moore says of the meeting: "The NCSBN conference was one of the most powerful conferences I have ever attended. I had a chance to meet leaders in nursing from all over the country. It gave me a great amount of useful information that I can use to become a better member of the D.C. BON and advocate for Licensed Practical Nurses in this city."

Interested in serving as a Member of the D.C. Board of Nursing?

If you can answer "Yes" to the following questions, please consider applying:

- Are you an LPN or RN or APRN?
- Are you licensed to practice in the District?
- Do you live in the District?
- Do you practice in the District?
- Are you able to commit at least one day a month to attend Board of Nursing meetings?

If you meet the above requirements, and are interested in serving District citizens, e-mail your resume to the D.C. BON at hpla.doh@dc.gov and we will forward it to the Mayor's Office of Boards and Commissions.

Board of Nursing Update

Board Actions: September, October

New Board Member Welcomed
Rev. Mary E. Ivey, D.Min., Consumer Member

PRACTICE

Metropolitan Police Department Diversion Program

Detectives Glenn Kline and Sam Woodson spoke with BON regarding collaboration with BON and the Metropolitan Police Department Diversion Division on discipline cases involving nurses diverting drugs. Metropolitan police department would like to be notified of any criminal cases regarding nurses diverting or selling. The Board asked that they be notified regarding nurses arrested for diverting or selling drugs.

EDUCATION
Board asked to consider the following requests:

Approval for an RN Refresher Course
Collaboration with International University of Nursing

REGULATION
The Board began revising the LPN and RN Regulations. The following revisions or amendments were considered:

- **The following language is being proposed to allow nurses who come to D.C. for brief periods of time to practice without requiring them to be licensed:**

This shall not apply to nurses licensed in other jurisdictions who provide advice, consultation or case management services electronically, in writing and personally for brief periods of time to District residents.

This shall not apply to nurses licensed in other jurisdictions who are accompanying individuals or groups for brief stays in the District.

- **The following language proposed to clarify the Board's expectation that applicants for licensure by examination must have completed all requirements for graduation prior to sitting for examination:**

To apply for a license by examination, an applicant shall:

Arrange for a certified transcript of the applicant's academic record and a letter of recommendation from the nurse administrator of the school or college to be sent directly from the educational institution to the Board.

Have completed all requirements for graduation.

Arrange for a letter of recommendation from the nurse administrator of the school or college to be sent directly from the educational institution to the Board:

Indicating that the applicant has met all of the requirements for graduation and

Specifying the expected date of graduation.

Arrange for a certified transcript of the applicant's academic record to be sent directly to the Board indicating either:

That the degree or diploma has been awarded; or

That all requirements for awarding the degree or diploma have been met and specifies the date of conferral.

- **The Board is proposing to eliminate the requirement that nurses educated in a foreign country take the CGFNS examination.**

That the applicant's education and training are substantially equivalent to the requirements of this chapter and the Act;

Satisfy the requirements for competence in spoken and written English required by the U.S. Citizenship and Immigration Services at 8 CFR 212.15(g); or

- **Language proposed to clarify requirements for requesting special accommodations to sit for NCLEX**

To request special accommodations to sit for examination, an applicant shall:

Make a request for modifications in writing; and

Include the following information:

The candidate's name

A letter from the appropriate health professional which:
Confirms the disability, and

Provides information describing the accommodations required.

A letter from the candidate's educational program, indicating what modifications, if any, were granted by the program.

- **Language proposed to establish a Volunteer/ Retired nurse status category**

Volunteer [Retired] nurse status means a nurse who shall not practice nursing for compensation. During such time, the nurse may provide volunteer services.

A licensee may qualify for Volunteer status provided that:

The licensee holds a current, unrestricted nurse license;
The licensee submits an application to be classified as a volunteer nurse and pays the appropriate fee.

While licensed as a Volunteer Nurse, the nurse:

Shall not practice nursing for compensation
May use the title registered nurse;
Shall be subject to the Volunteer nurse renewal fee
Shall not be required to satisfy continuing education requirements

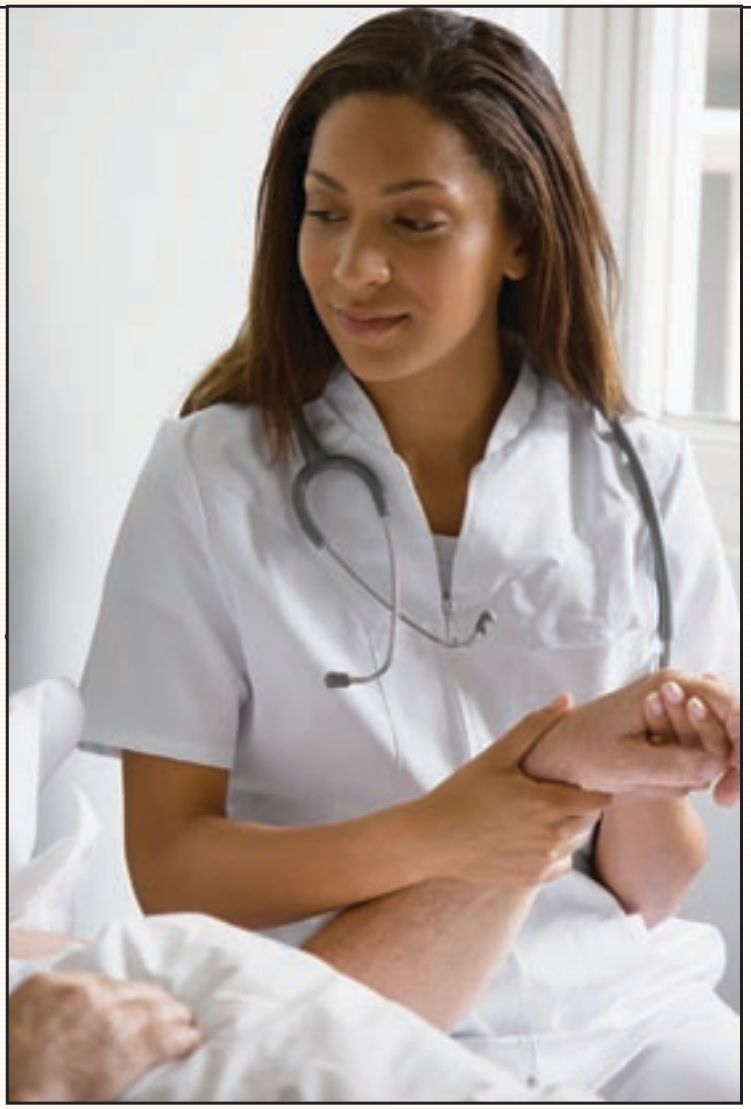
A Volunteer nurse who wishes to obtain a full, unrestricted license shall meet the requirements for Reactivation of Inactive Status.

As the Board reviews the current RN and LPN regulations, your recommendations for amendments are welcomed. Current regulations can be found at www.hpla.doh.dc.gov.

IN THE KNOW

Your Questions, Your Opinions

The Board of Nursing has established this IN THE KNOW column in response to the many phone calls and emails we receive. The Board often receives multiple inquiries regarding the same issue. Please share this column with your colleagues or urge them to read this column. The more nurses are aware of the answers to these frequently asked questions, the less our resources will have to be used to address duplicate questions.



Q I reviewed a copy of the LPN regs and just wanted to confirm we can indeed hire New Grad LPNs as long as: a) they have graduated from a nursing program pursuant to 5502.1, or have met the requirements set forth in 5503; b) they have not failed the NCLEX-PN exam; and c) have an initial application pending for licensure by exam in D.C.

A You are correct. You can hire a new grad LPN, and you have correctly identified the appropriate regulation. If the LPN can provide evidence that they have successfully completed a LPN program and they have not failed NCLEX-PN, they can submit an application for licensure to the Board, along with a Supervised Practice Letter signed by their supervisor. This will allow them to work for 90 days under the supervision of a RN. The practice letter is not renewable and shall expire (a) Ninety (90) days from the date of issuance; (b) Upon notification that the applicant has failed the NCLEX examination; or (c) Upon receipt of written notice from the Board that the application for licensure has been denied, whichever date is the earliest.

Q What are the regulations regarding traveling with a class to D.C. on a field trip? Does a nurse accompanying the group need to be licensed in D.C.?

A No, the nurse does not have to have a District of Columbia license. Nurses accompanying tour groups or nurses providing services for a brief period of time are not required to be licensed in the District of Columbia.

Q I would like to know the steps I need to take in order to change my last name on my D.C. RN license. Thank you for your time.

A In order to change your name, you will need to send a copy of your marriage certificate,

Do you have a question you would like answered or an opinion you would like to share? Send your questions or comments to:

IN THE KNOW
District of Columbia Board of Nursing
717–14th Street, NW, Suite 600
Washington, DC 20005
Fax: 202.727.8471
email: hpla.doh@dc.gov

divorce decree or any other legal name change document to D.C. Board of Nursing; 717 – 14th Street, NW; Suite 600; Washington, D.C. 20005.

Q I am inquiring about the prescriptive authority for an APRN with a D.C. RN license. Specifically, do APRNs have authority to prescribe legend (prescription) drugs?

A Yes, APRNs have the authority to prescribe legend drugs. They do not have to apply for prescriptive authority. Certification by the Board of Nursing as an APRN gives them prescriptive authority.

Please notify the Board when you change your address, or your name, within 30 days of the change. If you have a name change, enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change. Fax your request to (202) 727-8471, or mail your name and address change to: DC Board of Nursing (Address/Name Change), 717 14th Street, NW, Suite 600, Washington, DC 20005

New Regs: Nurse Staffing Agencies to be Licensed

Representatives from District health care facilities.

Recently, top staff of the D.C. Health Regulation and Licensing Administration (HRLA) met with representatives of Nurse Staffing agencies which operate in the District of Columbia to discuss the implementation of new regulations which require the agencies to be licensed.

The Nurse Staffing Agency (NSA) Regulatory Act of 2003, and Title 22 of the District of Columbia Municipal Regulations, Chapter 49, require that agencies be licensed with the District government, and that they inform the Board of Nursing when a nurse they employ has been terminated for misconduct such as incompetent practice, drug diversion, or unethical behavior (such as submitting forged documents). The District government also wants to be sure that nurses sent to work in District facilities are licensed to practice nursing in the District and that each nurse has the clinical competencies needed for the particular assignment.

"We need to know the nurses [you employ] who are terminated for practice issues," Board Executive Director Karen Skinner told the agency representatives. "A number of nurses who come before the Board for discipline are nurses who work for agencies. Staffing agencies know about RNs asked not to return to facilities due to poor clinical skills. These nurses need to be reported to the Board. Conversely, the board may discipline a nurse who works for staffing agencies and the Board may specify that the nurse needs more consistent supervision and cannot work for a staffing agency for a specified period of time. The Board needs to make the NSAs aware of the nurse. We hope to establish a relationship with the agencies that will allow us to exchange information about nurses who need to be or have been disciplined and/or who need closer monitoring of their practice."

The new regulations will also be helpful for entrepreneurs who are establishing new agencies. "We have gotten numerous calls from persons wanting to establish an agency," Karen Skinner said at the meeting. "And, in the past, we have not had any guidelines to give them."

Agency reps were given information about the new D.C. regulations, and they provided feedback about the new forms and reporting requirements.

HRLA staff also met with representatives of District hospitals—such as Washington Hospital Center, Georgetown, Providence, Children's and Sibley, and other healthcare providers to discuss the new Nurse Staffing Agency regs.

Nurse Staffing Agency representatives.

You Must Practice Under Name on Your License

Effective August 31, 2007, all health professionals licensed/registered/certified in the District must use the name in their professional practices that is on their license.

4016 DISPLAY AND USE OF NAME IN PROFESSIONAL PRACTICE

4016.1 An individual holding a license, registration, or certification to practice a health occupation in the District of Columbia shall perform all professional practice in the District under the full name in which his or her license was issued. This shall mean displaying the full name in which his or her license was issued on all signage, stationary, and advertisements; and using this name in all oral and written communications with the public or his or her patients.

Members of the public are invited to attend...

BOARD OF NURSING MEETING SCHEDULE

Time: 1:00 PM

Location: 717–14th Street, NW; 10th Floor Board Room

Washington, DC 20005

Transportation: Closest Metro stations are Metro Center (take 13th Street Exit); McPherson Square (take 14th Street Exit)

• During each Board of Nursing meeting the Board sets aside time for "Comments from the Public."

• Nurses, nursing students and members of the public are encouraged to attend to express any concerns they may have or make inquiries of the Board during this period of time.

• You are welcome to attend the Board meetings whether or not you have issues to discuss.

• You may either contact us ahead of time to let us know that you are attending and the issue that you would like to discuss, or you can speak at the meeting without prior notification.

• Decisions may not be made the day of the meeting but you will be informed of any Board decisions or actions.

• If you would like to receive the Board's "Open Session Agenda" prior to the meeting, or if you would like to be placed on the agenda, please send your email to: hpla.doh@dc.gov.

If you plan to attend please call 202.724.8800 to confirm meeting date and time.

December 5, 2007

January 9, 2008 (change in date)

February 6, 2008

March 5, 2008

April 2, 2008

May 7, 2008

June 4, 2008

July 2, 2008

"THERE IS NO TYPICAL DAY": NURSING CAREERS WITH THE D.C. DEPARTMENT OF HEALTH

By Nancy Kofie

Do you like a challenge? Would you like a job that demands all of your skills? If so, you might want to consider pursuing a career with the District's Department of Health (DOH). DOH nurses call upon all of their skills to meet the challenges of surveying facilities, serving the public out in the community, and working for the Board, among other jobs. The following are some perspectives from nurses currently employed by the District of Columbia government.

NURSE SURVEYORS

Some of the RN surveyors below work for HRA, the Health Regulation Administration, the agency which serves as the agency administering all District and Federal laws and regulations governing the licensure, certification and regulation of all health care and social service facilities in the District of Columbia. HRA surveyors inspect health care facilities and providers who participate in the Medicare and Medicaid programs, ensuring that participating providers and suppliers continue to maintain compliance with the Federal Conditions of Participation. HRA also responds to consumer and self-reported facility incidents and/or complaints. If necessary, HRA can take enforcement actions to compel facilities, providers and suppliers to come into compliance with District and Federal law.

Some surveyors below work for MAA, the Medical Assistance Administration. These RNs coordinate and monitor the activities of the providers in that program. The MMA's goals are to develop a comprehensive plan for financing health care for the District's uninsured and indigent residents, in support of the health care goals set by the Mayor and the Department of Health; develop eligibility, service coverage, service delivery, and reimbursement policies for the District's health care financing programs that ensure improved access and efficient delivery of service; and to administer the District's Medical Assistance Program, Medical Charities Program, and other health care financing initiatives. The Medical Assistance Administration is the state agency responsible for administering Title XIX of the Social Security Act, the Medical Charities program, and other health care financing initiatives of the District.

Tamara Freeman, Nurse Consultant Long Term Care

Tamara Freeman began working as a Nurse Consultant for the D.C. Department of Health in 2001. Tamara says, "My primary duty at DOH is to survey LTC facilities to ensure they are in compliance with local and federal laws and regulations. I do a

Tamara Freeman, Andrea Wilson and Sharon Lewis with Marie Haile (seated).

lot of chart reviews and observations to determine how residents are cared for and if the physician's plan of care is being followed."

What is your typical day? "There is no typical day," Tamara says. "You don't know what kind of a situation you are going to walk in to…We arrive at a facility—always unannounced. We want to get a true picture of what is going on in the facility. We introduce ourselves to the administrator and/or designee. We spread out. [Our team is] three to six people, depending on the size of the facility. We observe how the residents are groomed; the environment is assessed for cleanliness and odors; and we observe how the staff interacts with residents."

Are there any misconceptions about your job? "A lot of people think our job is easy. It looks easy, but it can be very challenging. You have to make clear and precise determinations about how residents are cared for. We, offtimes, get mandates from the Mayor, or Congress—complaints and concerns that have tight time constraints."

Ever close a facility down? "No. We determine if the facility is in compliance."

Alma Brannum, Nurse Consultant Intermediate Care Facilities for the Mentally Retarded

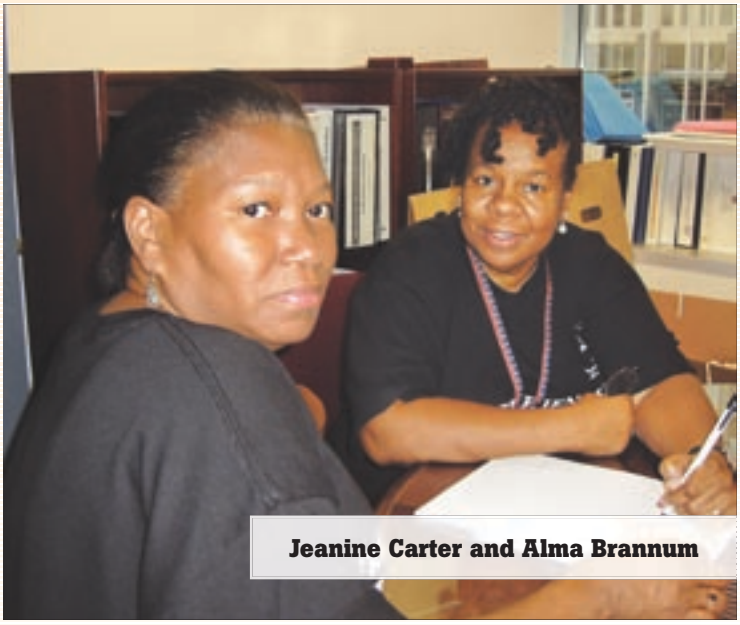
What are your duties? "I do death investigations, and investigations of abuse and neglect. We respond to complaints from community. I do federal- and state-level surveys for [facilities serving] the intellectually disabled: Intermediate Care Facilities for the Mentally Retarded (ICF/MR). These are facilities owned by private providers who are Medicare-funded, who receive federal money."

Are your visits announced? "All of our visits are unannounced. We do surveys once a year, within a

90-day window. [In addition to responding to complaints from members of the community] we also do surveys in response to complaints from the District's Office of the Inspector General (OIG). If the complaint comes from elsewhere, I sometimes send a report to the OIG, to be sure OIG is informed."

If the residents of these facilities are severely intellectually challenged, how can they tell you what is wrong? "We observe their body language. Are they tearful? Fearful? Some of the clients *are* verbal. Of the clients who are not verbal—some can point to picture symbols. Some use sign language, or can communicate with their facial expressions. We especially take note if a resident is fearful of a particular individual in the facility."

What do you like most about position? "It is very challenging. No two surveys are the same. You need all of your RN assessment skills. We are cross-trained in environmental issues, nutrition, safety, and habilitation [acts an individual needs to perform for everyday living]. The only downside is the wear and tear on my car."



Jeanine Carter and Alma Brannum

Jeanine Carter, Nurse Consultant
Intermediate Care Facilities for the Mentally Retarded

What skills do you need to be a good in this position? "You must be dedicated, teachable and flexible. You have to rely on all of your skills. I have to rely on my nursing skills to evaluate the care the client is receiving. We go to in-services to know best practices, and the federal government provides the training. When you pass the course, you are given a survey number. Your survey number goes on the report on the facility, not your name."

Do you have any safety concerns as you travel around the city?

"There can be a safety issue in some high-crime areas," Jeanine says. "You can be in survey, and hear gunshots outside." Jeanine says that the surveyors sometimes travel in teams of two, or alone. And her position sometimes requires working in the evening, weekends or holidays.

Are these IMC/MR facilities full of inferior caregivers? "These workers may only be making $7.25 an hour, have minimal skills, minimal education, and are probably working more than one job. Really, they *want* to help, but don't have basic skills a lot of the time. Most deficiencies are in practice… Sometimes a cultural divide can trigger a complaint."

Can you give us an example of a cultural divide? "Perhaps a caregiver—from another cultural background—shaves the genital area of a patient, for purpose of maintaining good hygiene. Someone who sees that this has been done may report it. It is an issue of the client's rights. It is a human rights issue, a dignity issue, when the resident is not able to express their wants and needs. It is a training issue."

Yolonda Tarpley, Nurse Specialist
Home Health/End Stage Renal Disease

After 25 years as a Psych Nurse, and a Home-Health Nurse certified in infusion, Yolonda was ready for a new challenge. Her territory as a home health nurse had just been widened from 50 miles to 200 miles. "At that point," Yolonda said, "I asked myself: What am I going to do when I grow up?"

What are your duties? "I survey Home Health/ESRD and Hospice Care to ensure compliance with federal regulations for those facilities. I monitor dialysis catheters and—on the other side of the spectrum—I work as a liaison for the patient. I visit with the patient and inspect the equipment in their home. I see if they are getting physical therapy, occupational therapy, community resources, and determine if they need a social worker or a waiver to get more hours of care from a home health aid. I ensure that patients are getting the care they need. I oversee those aspects. And one thing I like about this position is that I only have to cover a territory of 10 square miles, and I have a five-day work week."

Are there any misconceptions about your job? "People think we are 'paper pushers' or security guards. We are here as a resource—not necessarily there to punish anyone. Some people say: 'I couldn't review charts all day,' but it is more than that."

Are there any specific personality traits which characterize a good nurse surveyor? "Be open minded. Realize that you are there to help. [As investigators] we are here to help someone stay in compliance."

Any other tips? "You must review the regs. The regulations are your Bible. Know the regs backward and forward. These are the minimal guidelines to giving good patient care in the District. Be flexible and be able to change [with the times]. D.C. government is on a continuum of change, and you have to be ready to roll."

Connie McKoy, Nurse Specialist Health Regulation Administration

What are your duties? "We survey hospitals, ambulatory surgery centers, and a birthing center. We investigate complaints and incidents that occur within the facilities we survey."

What was your job before you became a surveyor? "I worked at D.C. General Hospital for 25 years, and a total of 31 years in the government. I began my career as a Surgical Nurse. My last position at D.C. General was as nurse manager for the security unit."

What challenges do you see ahead for healthcare and the nursing profession? "People are living longer and we don't have the resources to care for the population. And some people who become nurses [these days] are going into the profession because nursing offers so many options and choices. You can work various hours; you can work on weekends, if you choose. And some people are going into nursing for those kinds of reasons—not because they are interested in actually caring for the patient."

Patricia Nelson, Nurse Specialist Health Regulation Administration

What was your background before you became a nurse surveyor? Patricia is also a Nurse Specialist who surveys hospitals and ambulatory surgery centers. Formerly, Patricia was an ER Trauma Nurse Manager at D.C. General Hospital. "I have been in and out of the D.C. government for 20-plus years," Patricia says. She also agrees with Connie regarding the changes in healthcare over the years: "The whole face of healthcare has changed."

Matilla Morgan, Nurse Specialist I Medical Assistance Administration/ Office of Program Integrity/ Surveillance Utilization Review

An auditor for the MMA's Office of Program Integrity, Matilla says she feels her job enables her to help ensure that the taxpayers' money is being spent wisely and that tax dollars are not wasted.

What do you like about your job? "I feel like I am doing a service to make sure that Medicaid dollars are better spent. I do on-site audits. I look at records to see if the facility is in

Gloria Watson, Matilla Morgan, and Dorcas Jones

compliance with District and federal regulations. We are an over-site and monitoring 'watchdog' to see to it that the program gets the appropriate services paid for. We look at services in a variety of settings: nursing homes, hospitals, and transportation providers, etc. I rely heavily on my healthcare background; I read a lot of medical records. We also refer cases of fraud and abuse to the investigative unit. A lot of our referred cases have gone for prosecution. Sometimes I write policy".

What would you tell someone thinking about accepting a position similar to yours?

"I do a lot of computer work dealing with databases and reports. All deficiencies identified must be backed up with documentation. You must make sure you have regulatory authority to back up what you are doing. There is a lot of on-the-job training. You learn it by doing."

What has been your biggest accomplishment?

"I found an error [on a form] that caused the District to pay more for a service than we should have. Once it was corrected, we recovered the overpayments and saved the District millions of taxpayer dollars. That's money that goes back into the D.C. treasury," Matilla says.

Cassandra Kingsberry, Nurse Specialist
Medical Assistance Administration

What is your nursing background?

"Prior to entering D.C. government, my job experience included Certified Emergency Nurse Specialist (eight years); Oncology Nurse Specialist (two years); Nurse Manager of Cardiology and Urgent Care (six years); and School Nurse (three years); over 26 years in the nursing profession." Today, Cassandra is a Nurse Consultant with the Office on Disabilities and Aging, which is a component of the MAA. She is responsible for providing oversight and monitoring of the care and services provided to consumers residing in ICF/MR's [Intermediate Care Facilities for the Mentally Retarded].

What is your primary responsibility?

"I perform analytical clinical record reviews and conduct on-site monitoring of Medicaid-funded facilities to ensure the care and services provided to Medicaid recipients."

What is a typical day like?

"[I am occasionally on-site conducting monitoring visits and] collaborate with case managers of the DDS [Department on Disability Services (previously MRDDA)], who are responsible for the day-to-day monitoring visits. I receive and review providers' documents. I perform chart audits to determine resident's acuity status to verify if the consumer needs a high/intensive-level of services. Providers can receive additional compensation for those consumers whose care needs exceed the usual and customary services provided in the ICF/MR setting. I review unusual incident reports for irregularities to ensure that quality care is delivered."

Cassandra Kingsberry

Do people have any misconceptions about your job?

"People from outside of the field of government think we are not real nurses. That is not true—in my position, I have to have a firm clinical background—assessment, triage skills. My job requires a clear understanding of clinical practice guidelines and standards of practice. I am considered a consultant... and provide recommendations to the MAA administration. A new grad cannot do a job like this."

Denise Williams, Nurse Specialist
Team Coordinator for Hospital Survey Team

Team Coordinator Denise Williams has been with the District government for 15 years, and been in nursing for 30 years. She has been in her current position, as a member of the Hospital Survey Team, for 5 years. Prior to that, Denise worked in Home Health and Dialysis, in addition to her experience in teaching and nursing home management. Her clinical background was obtained working at Greater Southeast Hospital.

Connie McKoy, Denise Williams, and Patricia Nelson

What are the unique pressures involved in the work you all do?

"The work is intense and time-driven. When the public wants an answer—they want it right away. A lot of information is of interest to the media. We have to do a full investigation, however, and that takes time."

What are your duties?

"I coordinate the activities of a multidisciplinary team: radiology, lab, pharmacy, environment, nursing. I assist in getting survey findings to the facilities. We are also the response team for healthcare issues—for the Council, the Mayor's Office, and our citizens. We are the first responders to ensure quality of care. If there are complaints—we investigate. If need be, we serve as expert witnesses. We have the ability to issue citations if a situation is real egregious."

What special activities do you participate in?

"We do have fun and we like a challenge—especially when we have the chance to do some volunteer opportunities. The anthrax crisis, Hurricane Katrina, the vaccination program, the mercury spill, the flood in the city, duties related to Inauguration of a President or Mayor. We do it all."

What training do nurses need to do survey work?

"Health regulation requires federal training and prior experience in the area of specialty."

HEALTHY START NURSES

Based at the site of the former D.C. General Hospital, the District's Healthy Start Program brings nursing care directly into the community. D.C. Healthy Start offers an array of services such as free pregnancy testing, curbside prenatal care, Male Outreach services, depression screenings, transportation, and towards education and empowerment. The theme of empowerment is in all they do as they guide clients toward better nutrition, medical care, job training, emotional wellbeing and freedom from substance abuse.

Lorretta Tucker Thompson
Community Health Nurse

Fourteen years ago, prior to accepting her current job at DOH, Lorretta served as an OB/L&D nurse in the Air Force. A friend of hers worked within the D.C. government and told her about the job. "I knew it was the right position for me. In nursing school, community health was my highest grade. In fact, at the time she accepted her job, she had been thinking about getting a degree in community health.

Lorretta's duties include working with pregnant women, helping them learn to follow a healthy diet that will enable a healthy pregnancy. She also assesses the mom: What has she been eating? Drinking? What is her emotional state? Lorretta also does fetal monitoring reports to the mom's physician when she detects a problem. She also arranges transportation.

Lorretta says: "I am a nurse, a nutritionist, and a spiritual up-lifter!" One of her main goals is to try to decrease death rates and infant mortality. "I work with women who have lost babies in the past. I work with women post partum, and encourage mother and baby follow-up visits. See if fundus is firm. I teach the mother what a hemorrhage is. We encourage questions and concerns, prenatal and post partum. We are social workers, too. We communicate with the mom's significant other. Teach them about family planning, STDs… let them know with HIV, you have to protect yourself. We provide condoms. Do referrals. I encourage both the women and men I deal with [to gain] emotional healing. I encourage them to go to school for job training." Sometimes this requires Lorretta to start from square one with a client: "I ask the mom: 'What did you want to become when you were a little girl?'"

Lorretta says her greatest reward comes when a mom has a healthy baby, and when her clients have gone back to school. "Quite a few have gotten degrees and are moving up," she says. "I also feel good when [her words of wisdom] have prevented a client from losing custody of her child to Child Protective Services. "I tell them: 'Take the baby to the doctor's office.' And I get the dad involved in seeing to it the baby gets to medical appointments." The biggest problem Lorretta has in doing her job, she says, is that communication from superiors should be clear and written. Sometimes when directives are given verbally, the communication doesn't reach all nurses in the program.

At times, Lorretta has gotten fearful feedback from RNs who tell her they could never do her job. "They are afraid

Healthy Start Project Director Diane Davis with community health nurses Loretta Tucker-Thompson, Felicia Ward-Dockery, Maria Alleyne, Akhtar Mirshahi, Shirley McCants, LaJuan Gorham Dolman, Ava Hancock, Kimberly Baber-Greenwood and Andrea Malcolm.

of crime," she says. "Other RNs have told me I'm crazy. They are afraid of violence in the community we help. It just takes a lot of prayer. The guys [the teenagers in the community] protect me. When they know who you are—and what you are doing—they will protect you."

Ava Hancock, Certified Family Nurse Practitioner Maternity Outreach Mobile Van

Ava has been a nurse for 31 years. Currently, she is a Nurse Practitioner who goes out into the community in the DOH's Maternity Outreach Mobile (MOM) van. Before coming to DOH, Ava was an L&D nurse at Howard University Hospital.

On the MOM van, Ava serves areas of the District with high infant mortality and morbidity rates. The MOM van offers medical care to women who have no insurance, or who are underinsured, and have had no prenatal care. Moms are given physical examinations, including pap tests, and lab work is done. Ava can diagnose and has prescriptive authority. She can treat urinary tract infections.

For most of her clients, it is their first prenatal visit.

"I also talk to them, make referrals for housing, insurance, mental health counseling. Tell them where to take baby for prenatal care. I fax and mail a report to the doctor, with the patient's permission, to give the doctors a head start if there is a problem. The objective is to get the mom prenatal care within the first trimester. The earlier the better. This will mean a better chance for a healthy pregnancy and a healthy baby. The MOM van also offers educational materials, such as pamphlets on a variety of topics such as alcoholism and domestic violence."

How do potential clients know about the MOM van? "We are visible in the community," Ava says. Outreach workers refer people to the MOM van. The van often parks close to entitlement centers, offices for Medicaid, food stamps, and TANF (Temporary Assistance for Needy Families).

Ava and the MOM van offer blood pressure screening, for men and woman, and HIV testing for women of childbearing age. Ava sometimes refers clients to other Healthy Nurse RNs, for case management—during the first two years of the baby's life.

"I like this job because I like having an impact on the community. There is satisfaction knowing the MOM van is making a difference. Yesterday, I gave a physical to a woman, 35 weeks pregnant, who had no insurance. The van is helping to decrease infant mortality and morbidity." Ava notes that she often detects the presence of group beta strep—the most common reason infants are in the hospital for the first two months of life. "That infection can be spread to the baby in the birth canal and lead to pneumonia and other problems," she said.

Not everyone has the temperament to work in community nursing. "You need to have patience, compassion, flexibility, and the courage to serve this population," Ava says. "The clients are very transient, you may have to follow them around the city."

In addition to her duties with Healthy Start, Ava has volunteered at the Million Man March, volunteered helping with homebirths, has done numerous health fairs and is active in the National Black Nurses Association.

Andrea Malcolm Community Health Nurse, Nurse Case Manager

"I *love* OB/maternal child nursing." When Andrea told *D.C. NURSE: REP* this declaration of her dedication, her enthusiasm brightened up the room. "We focus on community health and

provide continuous care to pregnant women. Women and children in Ward 5, 6, 7, and 8. I do Ward 8.

We provide health promotions, preventative screens, health education, and in-home nursing care to women and children of District. The developmental childbearing stage—newborns and children up to two." Andrea says that the unique challenge of the job is that you provide care in the client's home and, sometimes, you are in an environment which can make you feel uneasy: "Sometimes you may feel unsafe," Andrea says. "The house may not be healthy. It may be dirty and infested with rats or roaches. Sometimes the problem is that the client is not there [not home to meet for their RN appointment]."

The reward comes when she is able to promote healthcare and to motivate clients. "I see people change and become empowered. I see teenagers begin to use family planning and go back to school. To go to work, get a job, build life skills. Grow in those areas." The position she fills takes a lot of commitment and hard work, she says. "There is a lot of social work involved in this job—whether you like it or not. Whether you are good at it or not. And you have to have patience and persistency."

Andrea doesn't think that nurses who are not in the community-health field disregard the difficulty of her job: "Nurses know that nurses work hard in any field."

Maria Alleyne
Community Health Nurse,
Nurse Case Manager

Maria previously worked as a Pediatric Nurse Practitioner at a clinic. When the clinic was closed, DOH offered her a job as Nurse Case Manager. Based on the interviews with the other Healthy Start nurses, *D.C. NURSE: REP* posed a different question to Maria: How does she do her job as a Healthy Start Nurse Case Manager without allowing the job to take a toll on her own emotions?

"You have to be very compassionate," she says. Maria then told a story about a young homeless mother that she was assisting, who was crying and desperately trying to get into a shelter, but the shelter-representative was asking the mom all of these questions—and Maria's cell phone battery was quickly running out. Dealing with a moment like that might stress out the average person, but it is not an unusual situation for the DOH nurse in the community.

"A lot of them have depression," Maria says. "It is a vicious cycle. I had a client who was pregnant. I asked her 'please try to clean up your apartment before the baby gets here,' but she sleeps all day." As Nurse Case Manager, Maria assesses mother and

child—prenatal and post partum—to make sure the newborn is doing well. To make sure they are keeping up with their immunizations. Maria makes referrals to specialists, and prepares reports for providers. With many clients, she must start with the bottom-line basics: "I talk to them about basic hygiene, dental care, body hygiene, keeping a clean home." Many of her clients have poor problem-solving skills or spend what little money they have on nonessential items. Others resent her guidance. "Some clients curse and call me foreign b****," says Maria. [Maria is originally from Grenada]. Some are very apprehensive and wary. "I have to tell them: 'I am not going to report you to anybody,'" Maria says.

Although she could live with doing less paperwork, Maria feels her skills and the community's needs are a perfect fit: "God put me in this position for a reason," Maria says. "I tell my clients: 'Take advantage of these training programs. Go back to school. Take advantage of the opportunities.' Back in Grenada, when I was growing up, you had to *pay* to go to high school. A free high school education is a blessing. Take use of opportunities." In addition to her RN job, Maria continues to work as a Nurse Practitioner on a part-time basis.

Shirley McCants
Community Health Nurse, Clinical Nurse Manager

According to Clinical Nurse Manager Shirley McCants, the key is to push for client life-changes in small increments, "baby steps."

"As we work with clients, we see growth," Shirley says. "But if you push the client too harshly, the client is not going to want you to come back. It will be overload. Take baby steps. Hopefully, you will see them move from being dependent, to getting job training—not just medical care, but education—to see them empowered to take care of themselves."

We asked Shirley what it takes to be a good community health nurse. "You have to be a people-person," Shirley told *D.C. NURSE: REP*. "You must embrace the whole family. You are not just working with an individual. You are working with the mother, the baby, the siblings, as well as other family members."

To be effective in the community, Shirley takes educational workshops beyond the expected CEU requirements. "We go to other training sessions offered by DOH. Like mental health sessions on how to not become desensitized when dealing with the same issues over and over again."

Kim Greenwood
Community Health Nurse,
Nurse Case Manager

Shirley's colleague Kim agrees that it takes patience to reach those who can benefit from her encouragement.

"You can't save all 10 [clients that you are working with]. Be grateful to get 3 out of 10," Kim says. "Many of them deal the other agencies, like the welfare system, CPS [Child Protective Services] and APRA [Addiction Prevention & Recovery Administration], perhaps also a drug treatment program or anger management program."

And these clients may not be in the place [emotionally and psychologically] where they can really hear your message: "We meet people who are depressed and using drugs," Kim says. "We offer them training and help them to get their self-esteem lifted. It is a holistic approach, where we are trying to uplift the mind, body and soul."

The work is not easy, but it is rewarding. "Sometimes another nurse, who works a 12-hour shift hanging IV bags, may not think we work as hard as they do, but we do. The great thing [about this job] is that it is a blend of meeting client's basic needs [food, shelter, or perhaps safety from domestic violence] with helping them address their health needs. Maslow's Hierarchy of Needs."

WORKING FOR THE BOARD

The Board of Nursing regulates registered nurses, practical nurses, and advanced practice registered nurses in D.C., including nurse midwives, nurse anesthetists, clinical nurse specialists and nurse practitioners. The Board also advises the Mayor, evaluates qualifications, of persons applying for licensure as a nurse in DC, and issues advisory opinions. The Board issues licenses; receives and reviews complaints; requests investigations, conducts hearings, and issues subpoenas; examines witnesses.

Concheeta Wright

Concheeta Wright
Nurse Consultant,
Board of Nursing

What led you to apply for this job?

"New challenge!! I have been in the nursing profession for quite some time, and I have held many different positions in the nursing arena. This position was unlike any position I've held."

What are your duties?

"My duties are many and diverse. However, my main focus is ensuring that all complaints [submitted to the Board of Nursing] are answered and followed through in a timely manner. I am responsible for ensuring that all discipline orders submitted by the Board of Nursing are administered, and I monitor the licensee's compliance with Board orders and report such orders to the National Practitioner's Data Bank if indicated. I am also the liaison for the Committee on Impaired Nurses, ensuring that the participants in the COIN program follow their participation agreements, monitoring all requested reports. Report to the Board of Nursing and the COIN Committee any licensee who has not complied with a Board order, and has not complied with the COIN Committee agreement."

What rewards do you get serving as a DOH nurse that you might not get in another setting?

"Safeguarding the public, and knowing that patients are receiving care as outlined in the Nurse Practice Act. Being a part of the agency that ensures that the District of Columbia Regulations are followed in all settings, i.e., hospitals, nursing homes, and in residential settings."

What do you like least about your job? "The Computer!"

Did you receive special training in order to prepare for your position?

"I have had many years of clinical experience, which certainly assisted me in preparing for this position, as Director of Nursing in a Long Term Care facility, case management, and working on medical surgical Nursing units. These areas assisted me in understanding the regulatory piece of the position, and [experience] working on unit assists me in understanding on reality of the nursing profession in today's society."

Although not interviewed at this time, DOH Nurses also work within the Addiction Prevention and Recovery Administration (APRA), the Office of Disability, Project WISH (Women Into Staying Healthy) cancer detection program, Immunizations, and TB Control.

Interested in working for the D.C. Government?

For information about employment opportunities in the District government, go online at: www.dcop.dc.gov, or contact the HR office at 202.442.9700.

CAREER TRANSITIONS: Patricia A. Hoefler, MSN, RN

From Charge Nurse to Nurse Business–Owner

What was your first position in nursing?

After receiving a baccalaureate degree from Alverno College, I was immediately hired as a charge nurse in a surgical unit. I didn't start teaching until I received my master's degree in nursing education from Catholic University. Today, there are few viable nurse educator programs like the one I attended, which is a significant reason why there are fewer skilled nurse educators. Another aspect of my education that is rare nowadays is the fact that the government paid for my graduate education and provided a living stipend. I'm sure that more nurses would be attracted to education as a career choice if there were more financial grants available.

How (and why) did you make the transition to becoming a nurse educator?

I come from a family of educators and my intention had always been to become a nurse educator. That is why I pursued an educational track specifically focused on nursing education.

What was the most difficult aspect of transitioning to this new career path?

After working in clinical and academic settings for 19 years, the most difficult aspect of transitioning to business was the risk and the uncertainty of starting something new. I was comfortable with teaching, and I was inexperienced at leading a company. Some of the tasks that I found daunting at first were hiring, managing finances, establishing organizational infrastructure and processes, developing products, negotiating, and selling.

How (and why) did you make the transition from educator to business owner?

In the early 1980s, having had both clinical and educational experience, I started developing a learning methodology that was formalized and became known as Test Question Logic (TQLogic®) when MEDS Publishing was established. I saw a need for a systematic process of learning that nursing students could use to be successful throughout their nursing education, on the NCLEX, and as practicing nurses. To give you a little background on how this happened, I have to mention my experiences as an educator.

I taught for both associate and baccalaureate programs at various schools in the local area. At these schools, I noticed a troubling pattern where certain students would excel in their clinicals, but then go on to struggle with their exams and fail the NCLEX. At one such school, I managed a project investigating failure trends that this school was experiencing at the time. These experiences brought about a big revelation for me: that a large number of students are unsuccessful throughout their nursing education, on the NCLEX, and most probably in their careers due to deficiencies in problem solving skills.

Also around this time, the NCLEX itself was revised so that the nursing process was applied to questions. This caused a substantial increase in attrition, partly as a result of educators not knowing how to prepare students for these changes. The challenge was not that there was more content, but that there was a higher demand for logical reasoning. In 1982, I started teaching problem solving

"Nurses should see every change as an opportunity for growth. They should analyze what they need to improve upon, and realize that they never stop learning. Confidence is important for every transition. Nurses should not doubt themselves."

workshops and NCLEX live reviews to help nursing students improve their critical thinking skills.

With the new demands in nursing education, some educators struggled with how to write higher cognitive level questions for exams. So in 1984, I began offering Test Construction workshops for educators in nursing schools throughout the United States and Canada. These workshops were unique in that they showed how to apply our exclusive methodology to the construction of test questions. Looking back, this was the point where I began incorporating product development as part of our business services in order to support students and educators with multimedia supplemental products. It was a great time for nursing education products and services; my business was the first to create multi-media resources for NCLEX review focused on promoting a higher order of thinking.

How long have you been in business?

MEDS Publishing was established in 1982, when I first began offering workshops and NCLEX live reviews. We are currently celebrating our 25th year in business.

What has been the most challenging aspect of starting your own nursing education business?

The most challenging aspect of starting a nursing education business was certainly *not* the educational aspect. We were and have continued to be "nurse-centric"; teaching workshops and the like was familiar territory for me. It was adapting to various nuances of operating a business that was demanding. The business aspect of what we do is a continuous learning process.

Recently, there have been a few trends in nursing education that oppose MEDS' unique approach of instituting an organized thinking approach in nursing students and professionals. For instance, lately many nurse educators and learning institutions have been relying heavily on assessments. Standardized testing has its place, but I think the focus has to be on improving nursing student learning skills. "Remediation" and "coaching" have only recently become buzzwords in nursing education, but they have been a part of MEDS' ethos for years.

What is the most rewarding aspect of owning your own business?

The most rewarding aspect of owning MEDS Publishing is that we get to create meaningful products that directly affect student success, the quality of nursing education, and patient care. I have personally witnessed how these products make a difference. A few years ago when my daughter was in labor, one of her delivery nurses told us that she had used MEDS' programs and that she would not have been successful in nursing school nor the NCLEX had it not been for those programs.

What we do is important, and with the current nurse shortage, it is even more important than ever before. It's gratifying to know that our services help students graduate schools, pass the NCLEX, and become proficient professionals in the healthcare industry.

What product or service does your business offer?

MEDS offers nursing education products and services for both academic and clinical settings, including international candidates.

We provide curriculum support products that focus on content and critical thinking skills, and we are expanding our products to include assessment services so that our customers can have all of their needs streamlined into one package. Total Curriculum Support (TCS™) is our flagship resource for institutions. It is an entirely online system of learning that integrates our advanced proprietary technology with our exclusive educational methodology, TQLogic®. Essentially, we use our proprietary technology to deliver learning tools that bring our educational methodology to life. The online format is ideal because it allows for fast updates and immediate feedback and it suits all types of learners—auditory learners, visual learners, and tactile learners. Our products are fine-tuned to the diversity of today's nursing schools.

For educators, we have CE credit-granting online programs that help instructors learn new skills and refresh old information. Because there are fewer skilled nurse educators today, we find these products to be helpful in supplementing the abilities and knowledge bases of a nursing school faculty.

What skills did you learn in nursing that have enabled you to become a successful business owner?

Nursing is a very task-oriented profession where critical thinking and problem solving skills are essential. You simply can't walk away from a patient's bedside. You have to deal with the problem before moving on. With a company, you have new challenges everyday.

Additionally, you do have to develop a trusting relationship with your patients. Whenever you have a new patient, you must quell suspicion and earn trust and respect, using persuasive words and actions. You learn how to create a safe, nurturing environment for patients, which can also be applied to employees.

As a nurse, you have to excel at prioritizing, organizing, and delegating—all of which are important skills in business. Finally, effective leadership is essential both in nursing and in business. You must be credible as a leader, meaning you must have a vision. When you have a client, you are leading that client to better health. When operating a company, you must lead your employees to success.

What advice would you give to a nurse who would like to make a career change?

Nurses should see every change as an opportunity for growth. They should analyze what they need to improve upon, and realize that they never stop learning. Confidence is important for every transition. Nurses should not doubt themselves. Nursing has become more demanding and it plays a more critical role in the healthcare industry than ever before. Nurses are highly skilled individuals who should believe in the importance of their roles and in their ability to utilize their skills in a multitude of settings from education to business to politics and beyond.

Track your CE record online!

Beginning January 15, 2008, you will be able to track your CE progress online.

The D.C. Board of Nursing has partnered with CE Broker to provide secure electronic portfolios for nurses to manage the Continuing Education required for license renewal. The subscription is voluntary. With a subscription, you'll gain access to your specific license renewal requirements and will be able to track your progress toward those requirements. However, educational providers may report completed course credit to your account regardless of subscription.

The full array of interactive tools is available for an annual fee of $17.50.

Mark your calendar for January 15, 2008, to try out the free seven-day trial offer.

Effective January 15th, you'll be able to go to https://www.CEBroker.com and click the "District of Columbia Nursing Licensees" tab and then elect to subscribe.

Practical Nursing Programs

Year to Date (10/15/2007) Licensure Exam Results and Approval Status

PROGRAM	CURRENT QUARTER 07/01/2007 – 09/30/2007 #Sitting	% Passing	YEAR TO DATE 10/01/2006 – 09/30/2007 # Sitting	% Passing	APPROVAL STATUS
A& D School of Nursing	0	0	3	0	Withdrawn
Comprehensive Health Academy	54	81.48	181	82.32	Initial
Harrison Center for Career Education	2	50	73	71.23	Closed
JC Inc.	46	69.57	173	61.85	Conditional
Radians College (formerly HMI)	18	72.22	124	70.97	Conditional
University of the District of Columbia	29	82.76	126	75.4	Approved
VMT Academy of Practical Nursing	34	76.47	105	83.81	Approved
VMT Practical Nursing Program	1	100	19	78.95	Withdrawn

Professional Nursing Schools

Year to Date (10/15/2007) Licensure Exam Results and Approval Status

SCHOOL	CURRENT QUARTER 07/01/2007 – 09/30/2007 # Sitting	% Passing	YEAR TO DATE 10/01/2006 – 09/30/2007 # Sitting	% Passing	APPROVAL STATUS
Catholic University of America	41	82.93	55	83.64	Approved
Georgetown University	42	100	91	100	Approved
Howard University	59	79.66	78	71.79	Conditional
University of the District of Columbia	11	90.91	21	85.71	Approved

Source of NCLEX® Scores: NCSBN Jurisdiction Program Summary of All First Time Candidates Educated in District of Columbia

Kudos!

NCLEX Panel Participants

The following nurses represented the District of Columbia in the NCLEX item development program for FY2007:

India M. Medley, PN Item Writing Panel

Berle Allison Henry, RN Item Review Panel

Ronnie Ursin, RN Item Review Panel

Vanessa Worsham, RN Item Review Panel

Joyce Jeanean Anderson, RN Item Writing Panel

Appointments

JoAnne Joyner, Ph.D., APRN, BC, has been appointed Director of the University of the District of Columbia's Nursing Program.

Mary H. Hill, DSN, RN, has been appointed Associate Dean and Professor at the Howard University School of Nursing.

Achievements

APRN Erin Bagshaw's practice has reached a new milestone! Most traditional medical practices take three years or more to be fully "in the black", and Erin has done it in exactly three years! She has just passed 2,000 patients for active patient files and continues to see about 40 new patients a month. Erin has patients come from all socioeconomic classes and backgrounds—from the affluent to the indigent—and has had patients transfer in from prominent practices in the Washington area. Specialists are referring more and more as Erin continues to market and develop community relationships.

"I really can't thank you enough for all the support that many of you have given by listening, referring patients or telling patients about us," Erin says.

Board Disciplinary Actions

NAME	LICENSE #	ACTION	REASON FOR ACTION
None to Report			

Names and license numbers are published as a means of protecting the public safety, health, and welfare. Only Final Orders are published. Pending actions against licensees are not published. Consent orders can be accessed by going to Professional Licensee Search at www.hpla.doh.dc.gov.

Bernardine Lacey, Effi Barry, and Priscilla Ryder, at Dr. Lacey's grandson's wedding.

Friends Forever: Caring for Effi Barry

An interview with Dr. Bernardine M. Lacey, Professor of Nursing, and Special Assistant to the Dean of the School of Professional Studies, Bowie State University

How long did you know Mrs. Barry? I first met her when she was the District's First Lady, but later, she became a close friend and, eventually, a part of my extended family.

How long did she stay at your home? Almost three weeks.

How did it happen that you cared for Mrs. Barry in your home? Effi was staying with another close friend in Baltimore, as she was having to be seen at Johns Hopkins Hospital on a daily basis. Her condition began to deteriorate and I went to Baltimore to assess her health. After speaking with several other close friends, her mother and my husband—who was very close to Effi, also, it was decided that she was at a point that nursing care would be the best for her. The friend that she had stayed with was a wonderful person, however, Effi was at the point of needing a different level of care.

How did your home life change during this time? Adjustments had to be made, of course. Being a nurse, I used my critical thinking skills, as we teach our students, to organize my time and to accommodate Effi's need for care. My family was very understanding and my grandson and his wife shopped for me. I rested when Effi rested, so that I could be available when she needed me.

How do you think that your abilities as a nurse enhanced her stay at your home? I used my skills in nursing to provide her with a level of comfort, and I was able to administer her medications. Being a nurse, I could do that without any difficulty. I became an advocate for her needs when communicating with other health professionals.

What message would you like to give other nurses about this experience? The science of nursing is important, but [in caring for Effi] I practiced more the art of nursing—moving into areas where the caring and compassion in nursing became the healing moment. Finding out from her what things made her more comfortable without me always deciding what would be best.

Between nurse and patient, it is a partnership. I was open to communicating with her, rather than me making all the decisions. I would like to instruct future practitioners that working with patients should be a partnership and a sharing. Take the cue from the patient regarding what they want:

Favorite place

For instance, Effi loved to sit in the sun. At first, I said "Effi! Why don't you get out of that sun?" But then, I had to recognize that, because there were few comforts for her, sitting in the sun was one of her comforts. Another example: Effi loved the sofa. When she needed that feeling of being secure, she sought out the sofa. All of her close friends knew this about her. I didn't think it would be comfortable—but she loved to sit on the couch, so I placed the pillows so she would have good body alignment and I accommodated her sitting there. I later told a friend at the funeral: "Effi's up there in heaven, trying to find where the sofa is."

Special surroundings

I knew the kinds of things she enjoyed. She loved where my home is located—on the water. Even when she was weak, I would help her to position

herself and at least view the water. She loved the water! She said that was very peaceful for her.

Favorite clothing

There were a couple of items I had that she liked to wear. She always wore my soft woolen pink cap, and I had a big chenille bathrobe she loved to wear for its softness and its warmth because she tended to feel chilly.

Keeping Current

She enjoyed being read to. I used to read to her because she didn't feel up to it because of the pain. I would also talk to her about current events going on in the world. She wanted to know, even though she couldn't deal with reading or even watching TV after awhile.

Quiet time

I knew she needed quiet time—not just me hovering over her. I could sense when she wanted to be alone. Sometimes I just sat in her room. She did not need to entertain me, nor I her. We had a bond of understanding.

Withdrawal

I have read, lately, in the literature how one can assist the dying to transition—moving toward some finality. And in my conversations with Effi, we moved from talking about some distant future—to talking about now. She told me: "It is the quality of my life now that is important—not all these treatments." There came a point when she disconnected her cell phone. I knew, then, that it was pushback time for her. I knew that. There were few special people that she continued to receive calls from. Of course, she daily spoke with her mother—Polly Harris—whom she loved dearly.

What touched you most about this experience? Providing comfort to a loved one can be very special. The bond that is created during these last days is like no other. She spoke with me about what she wanted from life and we spoke of her relationship with Christopher—and how much she loved that young man. She also had a love for my grandson and his wife—she was well enough to attend their wedding in May and she had so much fun. She also loved their little dog, Foxy. She kept a picture of Foxy, in pink boots, in her room.

What personality trait made Mrs. Barry so special to so many people? Effi was a gentle spirit and, as Christopher said, her movements were regal. She made you feel you were in the midst of royalty, yet she was not pretentious or haughty. She greeted everyone with a smile and she looked at you—not down on you. She was very thoughtful and insightful. She did so many things as First Lady that people will never know about—she was not public. She loved children and she was certainly a champion for folks in need. She did not fear challenges and she sought out doing the hard jobs, but always with dignity.

Effi also delighted in good food and she loved being with her friends. We talked and remembered fun times we had shared... like eating chicken livers every Tuesday at the Florida Avenue Grill. The song that Mary Wilson sang at her funeral, "Here's to Life," was a tribute to and about Effi.

I understand your "trademark hairdo" influenced Effi! All our times were not sad times. We laughed a lot. Effi was as close to a sister as I'll ever have. She paid me a real compliment: she said she allowed her hair to go grey and stopped tinting it because she said she admired my grey hair so much she wanted to look like me.

What made Effi a special patient? She never complained. She would just say "I need my pain medicine," but she never complained. And throughout her life, I have never heard her say an ill word about anyone. Ever. And she would always say "thank you." We had a driver that drove us to her appointments, and she never got out of that car without telling him "thank you."

When was she the happiest? The Sunday before she died, her son Christopher and her former husband Marion Barry came to see her. I cannot describe for you that morning. She wanted to look nice. She wanted to take a shower, but I told her she couldn't with the IV ports in her chest. I helped her take a bath and get into a nice gown. She was in a state of anticipation. Every car that went by, she was watching. You should have seen her later in the day when her son Christopher climbed onto her bed with her and fell asleep. She was so happy!!

I had cooked a big meal and we shared a wonderful evening.

That night she got up and walked to the door and hugged Christopher. No words were spoken, but it was as if she was telling him: "Son, I can't go through this anymore," and he was saying to her: "Mom, it's okay."

What were the last few days like? She had lost the ability to eat and to retain food.

I had talked with Johns Hopkins Hospital about a patch. I wasn't sure how much medication she was actually getting because of the vomiting. On Wednesday morning, she also could no longer get up to go to the bathroom without assistance, then I knew I needed to get her some other help. We talked on that Monday about the quality of life. She said, "I want to be free from some of this pain." She passed early on Thursday morning.

I understand angels are an important symbol now…

Effi loved angels! She had a lot of things with angels on them. She had a little angel pin I noticed one day in her pocketbook. The Friday morning after she passed, I went into her room and opened the blinds. Then I saw something sparkling on the floor. Her little angel pin had fallen on the floor next to her bed. The light from the window made it sparkle. I picked it up. I cried, of course, and said: "Effi you are sending me a message." If her passing was the will of God, I am so grateful for sharing it with her. I wouldn't trade it for anything.

Tell me about the tree!

Yes, in our backyard, we have planted a crepe myrtle where Effi used to sit, and I am going to place a plaque and dedicate it to Effi. Also… Effi used to wear a heart-shaped necklace and, recently, Effi's mother gave it to me and I wear it now. I will treasure it forever. Effi's mother also brought me a journal Effi had been keeping. In the journal, she talked about me and my husband, and how much she loved us and being out here with us. The whole experience taught me humility. I graduated from nursing school in 1962, but this experience took me beyond what a textbook could teach about the real art of nursing.

Recently, Dr. Lacey was watching The Today Show and heard a guest speaking about her experience with breast cancer. Dr. Lacey told D.C. NURSE: REP: "A friend of this woman said to her: 'Don't hog your journey,' and that just hit it on the nail for me. Experiences are so powerful, that they need to be shared with others. 'Don't hog your journey.' That is why I am sharing this story with you."

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India M. Medley, MSN, RN, CPNP
Dean of School of Nursing
Radians College
1025 Vermont Avenue, NW; Suite 200
Washington, DC 20005
imedley@hmi-usa.com

Betty Wooten, MSN, RN
Director of Nursing
University of the District of Columbia
4200 Connecticut Avenue, N.W.
Mail Box 1005
Washington, DC 20008
www.udc.edu

Herma Marks, MSN, RN
Vice President of Education
VMT Academy of Practical Nursing
4201 Connecticut Ave, NW; Suite 301
Washington, DC 20008
www.vmtltc.com